

DEC 28 2004

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DATE: December 28, 2004

TO: Examiner Robert W. Morgan **FAX NO.:** 703-872-9306
USPTO GPAU 3626

FROM: John R. Schell
Reg. No.: 50,776

RE U.S. App. No.: 09/440,557, filed November 15, 1999

Applicant(s): Lipscher et al.

Atty Dkt No.: 1039-0010

Title: ELECTRONIC HEALTHCARE INFORMATION AND DELIVERY
MANAGEMENT SYSTEM

NO. OF PAGES (including Cover Sheet): 17

MESSAGE:

Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Response to Office Action (15 pgs)

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PTO/SB/21 (09-04)


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/440,557	
	Filing Date	11/15/1999	
	First Named Inventor	Randolph B. Lipscher	
	Art Unit	3626	
	Examiner Name	Robert W. Morgan	
Total Number of Pages in This Submission	16	Attorney Docket Number	1039-0010

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Toler Larson & Abel LLP		
Signature			
Printed name	John Schell		
Date	12/28/2004	Reg. No.	50,776

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Randolph B. Lipscher, et al.

Title: ELECTRONIC HEALTHCARE INFORMATION AND DELIVERY
MANAGEMENT SYSTEM

App. No.: 09/440,557

Filed: November 15, 1999

Examiner: Robert W. Morgan

Group Art Unit: 3626

Customer No.: 34456

Confirmation No.: 3106

Arty. Dkt. No.: 1039-0010

MS NON-FEE AMENDMENT

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action mailed September 28, 2004, please amend the above-identified application as follows: